

Northwest Community EMS System
NCH Paramedic Program
Report 3/19

*"Partners in Innovation...
Education & Practice Excellence!"*




Paramedic class results year over year

Year Semester averages	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
	Prep	Resp/Card	Med Emerg	Trauma: Sp. Pop.	Seminar	
F15 N=30	91.78	92.28	88.89	92.05	91.62	91.40
F16 N=29-28	91.9	91.25	89.4	92.15	92.42	91.42
F17 N = 27	91.16	91.72	88.95	92.02	92.59	91.23
F18 N=28	93	93.07	90.77	93.85	Great JOB !	

Year Mod Exam ave. scores	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA written only
	Prep	Resp/Card	Med Emerg	Trauma: Sp. Pop.	Seminar	
F15 N=30	93.3	91.34	91.62	92.52	90.41	91.84
F16 N=29-28	93	93.56	90.45	92.26	91.11	92.08
F17 N=27	93.3	93.56	91.96	91.13	92.27	92.44
F18 N=28	93.8	94.17	91.84	94.35		

EMS 212 – Medical emerg II

OB/Peds; Gerontology
Psychology
Endocrinology
Gastroenterology; GU
Neurology
Hematology
Toxicology
Environmental emerg.
Infectious diseases






EMS 212 (OB, Peds, Psych, Gero, Medical Emergencies "ologies") results

Year	Quiz 9 (10)	Quiz 10 (11)	Quiz 11 (12)	Ave.
S17	86.49	91.18	89.79	89.15
S18	85.91	85.81	89.96	87.23
S19	91.1	89.38	91.68	90.72

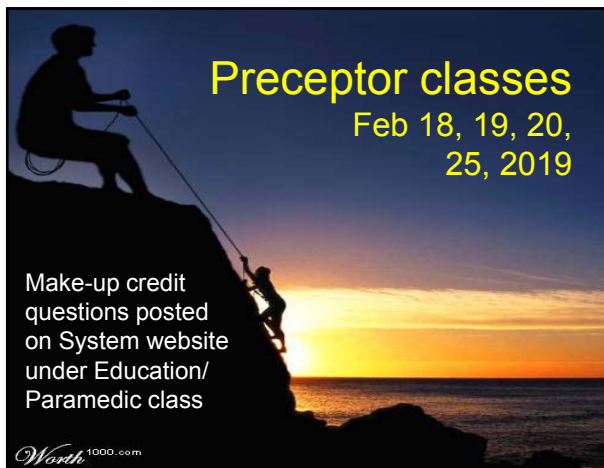
EMS 213

Kinematics
Shock
Trauma: all systems
Pts with special needs
Chronic illnesses
Interpersonal violence
MPI management, haz mat; gun safety
Ambulance ops

EMS 213: Trauma, special patient situations, Ops, Emerg. Preparedness

Year	Quiz 12 (13)	Quiz 13 (14)	Ave.
S17	90.07	92.46	91.3
S18	91.9	92.06	92
S19	91.17	94.15	92.8



Preceptor class content

- Environment driving change in education & practice
- Program of instruction: core classes, schedule by wks; accreditations, domains of learning; competencies
- Goals and objectives
- Adult learners and adult learning theory
- Learning contracts and outcome measures
- Methods for planning a learning experience
- Roles and responsibilities of preceptors
- Strategies for evaluating performance and giving feedback; criteria for evaluation; conflict resolution
- EMS 215: Sequencing, expectations, forms and documents

www.NWCEMSS.org

2019-20 Paramedic Class Information

Thank you for your interest in the 2019-20 NCH Paramedic Program.

Please read through the Paramedic Class 2019 Admissions Requirements document.

Also posted is a liveprint filling the areas of content on the Pre-admission written exam. Please review the content before taking the test as a high score is more important than being first to take it.

The test is made up of 100 multiple choice questions that are very similar in scope to our EMT final written exam.

You must score at least 80% to be accepted into the program.

Tests will be held on 2/19, 2/20, 2/25, and 3/5, 2019 at 10:00am in the 311 Auditorium at Good Shepherd Hospital. Please bring your ID and a photo ID. Please bring your photo ID to the testing site. Please bring your photo ID to the testing site. Please bring your photo ID to the testing site.

After you are confirmed for a testing date, you will be sent an e-mail listing all the forms you need to fill out and information you must bring with you to open a file and be approved for testing.

Where are the forms?

Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM

Squad and Agency Assignments 2018-2019

Squad 1	Squad 2	Squad 3	Squad 4	Squad 5
Nicholas Berghaus BLFPD	Matthew Bakke PAL	Daniel Awisha SCH	Rebecca Gaare HEFD	Nicholas Czerniak EGT
Jim Bollenbacher BOPD	Matthew Bohnen SCH	Ryan Brueckert RB	Samuel Garcia SCH	Robert Loverher SCH
Kristian Kalev LZFD	Tyler Brandt RMFD	Nick Chiam BCFPD	Alexander Gard EGV	Jacob Thornton MPFD
Kevin Leska SCH	Brian Rappie AHFD	Trevor Korinek BLFPD	William Lehnert AHFD	Jack Trujillo SCH
Ana Rosales (Talon) HEFD	William Shanahan EGV	Ashley Kuffner BAFD	John Meyer DPFD	Kelsey Wittmann DPFD
Adam Schallmoser PAL	Shannon Walters PAL	John McDermott MPFD		

Hospital EMS Coordinator/Educator assignments:
 Alexian Brothers Medical Center (Georgene Fabritz); Nicholas Berghaus (BLFPD); Nicholas Czerniak (EGT); Alexander Gard (EGV); Trevor Korinek (BLFPD); William Shanahan (EGV).
 Advocate Good Shepherd Hospital (Beth Keane); Ryan Brueckert (RB); Nick Chiam (BCFPD); Kristian Kalev (LZFD);

EMS 215 Field Internships Began first week in March 2019

St Alexius Medical Center (Karin Buchanan); Daniel Awisha (SCH); Matthew Bohnen (SCH); Rebecca Gaare (HEFD); Samuel Garcia (SCH); Kevin Leska (SCH); Robert Loverher (SCH); Ana Rosales (Talon) (HEFD); Jack Trujillo (SCH)

Goal: Done with EMS 215 by May 17, 2019

Paramedic class **June 2019**

SUN	MON	TUE	WED	THU	FRI	SAT
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	Graduation		NR Practical exam		
23	24	25	26	27	28	29
30						

Final written

INFECTION CONTROL EMERGING CONCEPTS, INC.

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM

DICO Class Feb 7&8 packed



Many thanks to Katherine West and Jim Cross for great information!



January 2019 CE



What's New for You?
Airway, Flu and Glu...cose

Susan Wood, RN, Paramedic
NWC EMSS CE January 2019

Jan 19 CE Content

- AFIB strip
- Sepsis case
- I-gel intro
- King Vision tips
- DAI med review
- Flu info to know
- Modes of transmission
- Infection control measures
- Measles
- Mumps
- Diabetes
- New CPAP mask
- Acute Flaccid Myelitis

Introducing i-gel^o₂TM



Jan: Introduced in CE
Feb: Competency measured Peer educators
March: Rolling roll-out

NWC EMSS 3418 Performance Record
i-gel Supraglottic Airway

Name: _____ 1st attempt: Pass Repeat
Date: _____ 2nd attempt: Pass Repeat

Instructions: An unconscious adult is apneic and two attempts at intubation have been unsuccessful, contraindicated, or a less attractive choice. Prepare the equipment and provide an alternate airway using an i-gel supraglottic airway.

Performance standard		Attempt 1 rating	Attempt 2 rating
1	Obep omitted (or wave time)		
2	Not yet complete: uncoordinated or excessive prompting; marginal or inconsistent technique		
3	Successful completion with correct timing, sequence & technique; no prompting necessary		

*BSI: Olevies, glogies, foamies
Explain intended purpose and advantages of using an i-gel airway.

Who can insert?
Paramedics & PHRNs after education and competency measurement by Agency Peer II or above educator using System skill sheet

<input type="checkbox"/> Do not reuse or attempt to reinsert the i-gel.		
<input type="checkbox"/> Patients with any condition which may increase the risk of a full stomach e.g. recent meals, extreme obesity, pregnancy or a history of scope of surgery etc. Have suction ready.		
<input type="checkbox"/> Prepare patient: Explain each step as it is performed even though pt appears unconscious		
<input type="checkbox"/> Sniffing position unless head/neck movement is inadvisable or contraindicated.		
<input type="checkbox"/> Remove dentures or removable plates from the mouth before attempting insertion.		

Thermal Burns

February 2019 CE

ECGs: AVBs
Skill: Proximal humerus IO
Key points: %TBSA, depth of burns
Burn wound care; pain mgt.
IVF for severe burns
Transport decisions

Deb's story

Messages from Matt

Topics

1. Dispatch Determinants
2. Documentation Pearls

IO placement and preferred site in the Cardiac Arrest Setting

Introducing BEFAST

March 2019 CE

EXAM - NEW ONSET	BE FAST Signs & Symptoms	R	L	Y IF ABNORMAL
B	BALANCE: Cooper = Unsteady, fast? Finger to nose, rapid alternating movements, heel to shin, note ataxia, vertigo			
E	EYES: Vision changes: blurred, diplopia, loss of visual field , photophobia Eye position: ptosis. Horizontal gaze: gaze palsy or fixed deviation	R	L	
F	FACE: Smile show teeth, close eyelids, wrinkle forehead Note: unilateral or weakness/asymmetry	R	L	
A	Motor - ARM (close eyes and hold out both arms for 10 sec) Normal: Abnormal: drift to no effort against gravity	R	L	
S	SPEECH: (Repeat "You can't teach an old dog new tricks" or sing Happy Birthday) Normal: Abnormal: slurred, dysarthria, word substitution or unusual difficulty			
T	TIME last known well (military clock): <input type="checkbox"/> ≥ 3.5 hrs <input type="checkbox"/> < 3.5 hr			

Cardiac arrest: Load & Go or Stay and Play?

Stay and Play is the Option the System Prefers

Kourtney's story

Stroke

PROCEDURE MANUAL 3-2019

NWC EMSS PROCEDURE MANUAL March 2019

SECTION	PAGES	REVISIONS
PATIENT MANAGEMENT		
General Patient Assessment (12-1)	1-4	1
Trauma Assessment (12-1)	5-7	1
Neuro Assessment (12-1)	8-10	1
Neuro Assessment (12-1)	11-13	1
Neuro Assessment (12-1)	14-16	1
Neuro Assessment (12-1)	17-19	1
Neuro Assessment (12-1)	20-22	1
Neuro Assessment (12-1)	23-25	1
Neuro Assessment (12-1)	26-28	1
Neuro Assessment (12-1)	29-31	1
Neuro Assessment (12-1)	32-34	1
Neuro Assessment (12-1)	35-37	1
Neuro Assessment (12-1)	38-40	1
Neuro Assessment (12-1)	41-43	1
Neuro Assessment (12-1)	44-46	1
Neuro Assessment (12-1)	47-49	1
Neuro Assessment (12-1)	50-52	1
Neuro Assessment (12-1)	53-55	1
Neuro Assessment (12-1)	56-58	1
Neuro Assessment (12-1)	59-61	1
Neuro Assessment (12-1)	62-64	1
Neuro Assessment (12-1)	65-67	1
Neuro Assessment (12-1)	68-70	1
Neuro Assessment (12-1)	71-73	1
Neuro Assessment (12-1)	74-76	1
Neuro Assessment (12-1)	77-79	1
Neuro Assessment (12-1)	80-82	1
Neuro Assessment (12-1)	83-85	1
Neuro Assessment (12-1)	86-88	1
Neuro Assessment (12-1)	89-91	1
Neuro Assessment (12-1)	92-94	1
Neuro Assessment (12-1)	95-97	1
Neuro Assessment (12-1)	98-100	1
Neuro Assessment (12-1)	101-103	1
Neuro Assessment (12-1)	104-106	1
Neuro Assessment (12-1)	107-109	1
Neuro Assessment (12-1)	110-112	1
Neuro Assessment (12-1)	113-115	1
Neuro Assessment (12-1)	116-118	1
Neuro Assessment (12-1)	119-121	1
Neuro Assessment (12-1)	122-124	1
Neuro Assessment (12-1)	125-127	1
Neuro Assessment (12-1)	128-130	1
Neuro Assessment (12-1)	131-133	1
Neuro Assessment (12-1)	134-136	1
Neuro Assessment (12-1)	137-139	1
Neuro Assessment (12-1)	140-142	1
Neuro Assessment (12-1)	143-145	1
Neuro Assessment (12-1)	146-148	1
Neuro Assessment (12-1)	149-151	1
Neuro Assessment (12-1)	152-154	1
Neuro Assessment (12-1)	155-157	1
Neuro Assessment (12-1)	158-160	1
Neuro Assessment (12-1)	161-163	1
Neuro Assessment (12-1)	164-166	1
Neuro Assessment (12-1)	167-169	1
Neuro Assessment (12-1)	170-172	1
Neuro Assessment (12-1)	173-175	1
Neuro Assessment (12-1)	176-178	1
Neuro Assessment (12-1)	179-181	1
Neuro Assessment (12-1)	182-184	1
Neuro Assessment (12-1)	185-187	1
Neuro Assessment (12-1)	188-190	1
Neuro Assessment (12-1)	191-193	1
Neuro Assessment (12-1)	194-196	1
Neuro Assessment (12-1)	197-199	1
Neuro Assessment (12-1)	200-202	1
Neuro Assessment (12-1)	203-205	1
Neuro Assessment (12-1)	206-208	1
Neuro Assessment (12-1)	209-211	1
Neuro Assessment (12-1)	212-214	1
Neuro Assessment (12-1)	215-217	1
Neuro Assessment (12-1)	218-220	1
Neuro Assessment (12-1)	221-223	1
Neuro Assessment (12-1)	224-226	1
Neuro Assessment (12-1)	227-229	1
Neuro Assessment (12-1)	230-232	1
Neuro Assessment (12-1)	233-235	1
Neuro Assessment (12-1)	236-238	1
Neuro Assessment (12-1)	239-241	1
Neuro Assessment (12-1)	242-244	1
Neuro Assessment (12-1)	245-247	1
Neuro Assessment (12-1)	248-250	1
Neuro Assessment (12-1)	251-253	1
Neuro Assessment (12-1)	254-256	1
Neuro Assessment (12-1)	257-259	1
Neuro Assessment (12-1)	260-262	1
Neuro Assessment (12-1)	263-265	1
Neuro Assessment (12-1)	266-268	1
Neuro Assessment (12-1)	269-271	1
Neuro Assessment (12-1)	272-274	1
Neuro Assessment (12-1)	275-277	1
Neuro Assessment (12-1)	278-280	1
Neuro Assessment (12-1)	281-283	1
Neuro Assessment (12-1)	284-286	1
Neuro Assessment (12-1)	287-289	1
Neuro Assessment (12-1)	290-292	1
Neuro Assessment (12-1)	293-295	1
Neuro Assessment (12-1)	296-298	1
Neuro Assessment (12-1)	299-301	1
Neuro Assessment (12-1)	302-304	1
Neuro Assessment (12-1)	305-307	1
Neuro Assessment (12-1)	308-310	1
Neuro Assessment (12-1)	311-313	1
Neuro Assessment (12-1)	314-316	1
Neuro Assessment (12-1)	317-319	1
Neuro Assessment (12-1)	320-322	1
Neuro Assessment (12-1)	323-325	1
Neuro Assessment (12-1)	326-328	1
Neuro Assessment (12-1)	329-331	1
Neuro Assessment (12-1)	332-334	1
Neuro Assessment (12-1)	335-337	1
Neuro Assessment (12-1)	338-340	1
Neuro Assessment (12-1)	341-343	1
Neuro Assessment (12-1)	344-346	1
Neuro Assessment (12-1)	347-349	1
Neuro Assessment (12-1)	350-352	1
Neuro Assessment (12-1)	353-355	1
Neuro Assessment (12-1)	356-358	1
Neuro Assessment (12-1)	359-361	1
Neuro Assessment (12-1)	362-364	1
Neuro Assessment (12-1)	365-367	1
Neuro Assessment (12-1)	368-370	1
Neuro Assessment (12-1)	371-373	1
Neuro Assessment (12-1)	374-376	1
Neuro Assessment (12-1)	377-379	1
Neuro Assessment (12-1)	380-382	1
Neuro Assessment (12-1)	383-385	1
Neuro Assessment (12-1)	386-388	1
Neuro Assessment (12-1)	389-391	1
Neuro Assessment (12-1)	392-394	1
Neuro Assessment (12-1)	395-397	1
Neuro Assessment (12-1)	398-400	1
Neuro Assessment (12-1)	401-403	1
Neuro Assessment (12-1)	404-406	1
Neuro Assessment (12-1)	407-409	1
Neuro Assessment (12-1)	410-412	1
Neuro Assessment (12-1)	413-415	1
Neuro Assessment (12-1)	416-418	1
Neuro Assessment (12-1)	419-421	1
Neuro Assessment (12-1)	422-424	1
Neuro Assessment (12-1)	425-427	1
Neuro Assessment (12-1)	428-430	1
Neuro Assessment (12-1)	431-433	1
Neuro Assessment (12-1)	434-436	1
Neuro Assessment (12-1)	437-439	1
Neuro Assessment (12-1)	440-442	1
Neuro Assessment (12-1)	443-445	1
Neuro Assessment (12-1)	446-448	1
Neuro Assessment (12-1)	449-451	1
Neuro Assessment (12-1)	452-454	1
Neuro Assessment (12-1)	455-457	1
Neuro Assessment (12-1)	458-460	1
Neuro Assessment (12-1)	461-463	1
Neuro Assessment (12-1)	464-466	1
Neuro Assessment (12-1)	467-469	1
Neuro Assessment (12-1)	470-472	1
Neuro Assessment (12-1)	473-475	1
Neuro Assessment (12-1)	476-478	1
Neuro Assessment (12-1)	479-481	1
Neuro Assessment (12-1)	482-484	1
Neuro Assessment (12-1)	485-487	1
Neuro Assessment (12-1)	488-490	1
Neuro Assessment (12-1)	491-493	1
Neuro Assessment (12-1)	494-496	1
Neuro Assessment (12-1)	497-499	1
Neuro Assessment (12-1)	500-502	1
Neuro Assessment (12-1)	503-505	1
Neuro Assessment (12-1)	506-508	1
Neuro Assessment (12-1)	509-511	1
Neuro Assessment (12-1)	512-514	1
Neuro Assessment (12-1)	515-517	1
Neuro Assessment (12-1)	518-520	1
Neuro Assessment (12-1)	521-523	1
Neuro Assessment (12-1)	524-526	1
Neuro Assessment (12-1)	527-529	1
Neuro Assessment (12-1)	530-532	1
Neuro Assessment (12-1)	533-535	1
Neuro Assessment (12-1)	536-538	1
Neuro Assessment (12-1)	539-541	1
Neuro Assessment (12-1)	542-544	1
Neuro Assessment (12-1)	545-547	1
Neuro Assessment (12-1)	548-550	1
Neuro Assessment (12-1)	551-553	1
Neuro Assessment (12-1)	554-556	1
Neuro Assessment (12-1)	557-559	1
Neuro Assessment (12-1)	560-562	1
Neuro Assessment (12-1)	563-565	1
Neuro Assessment (12-1)	566-568	1
Neuro Assessment (12-1)	569-571	1
Neuro Assessment (12-1)	572-574	1
Neuro Assessment (12-1)	575-577	1
Neuro Assessment (12-1)	578-580	1
Neuro Assessment (12-1)	581-583	1
Neuro Assessment (12-1)	584-586	1
Neuro Assessment (12-1)	587-589	1
Neuro Assessment (12-1)	590-592	1
Neuro Assessment (12-1)	593-595	1
Neuro Assessment (12-1)	596-598	1
Neuro Assessment (12-1)	599-601	1
Neuro Assessment (12-1)	602-604	1
Neuro Assessment (12-1)	605-607	1
Neuro Assessment (12-1)	608-610	1
Neuro Assessment (12-1)	611-613	1
Neuro Assessment (12-1)	614-616	1
Neuro Assessment (12-1)	617-619	1
Neuro Assessment (12-1)	620-622	1
Neuro Assessment (12-1)	623-625	1
Neuro Assessment (12-1)	626-628	1
Neuro Assessment (12-1)	629-631	1
Neuro Assessment (12-1)	632-634	1
Neuro Assessment (12-1)	635-637	1
Neuro Assessment (12-1)	638-640	1
Neuro Assessment (12-1)	641-643	1
Neuro Assessment (12-1)	644-646	1
Neuro Assessment (12-1)	647-649	1
Neuro Assessment (12-1)	650-652	1
Neuro Assessment (12-1)	653-655	1
Neuro Assessment (12-1)	656-658	1
Neuro Assessment (12-1)	659-661	1
Neuro Assessment (12-1)	662-664	1
Neuro Assessment (12-1)	665-667	1
Neuro Assessment (12-1)	668-670	1
Neuro Assessment (12-1)	671-673	1
Neuro Assessment (12-1)	674-676	1
Neuro Assessment (12-1)	677-679	1
Neuro Assessment (12-1)	680-682	1
Neuro Assessment (12-1)	683-685	1
Neuro Assessment (12-1)	686-688	1
Neuro Assessment (12-1)	689-691	1
Neuro Assessment (12-1)	692-694	1
Neuro Assessment (12-1)	695-697	1
Neuro Assessment (12-1)	698-700	1
Neuro Assessment (12-1)	701-703	1
Neuro Assessment (12-1)	704-706	1
Neuro Assessment (12-1)	707-709	1
Neuro Assessment (12-1)	710-712	1
Neuro Assessment (12-1)	713-715	1
Neuro Assessment (12-1)	716-718	1
Neuro Assessment (12-1)	719-721	1
Neuro Assessment (12-1)	722-724	1
Neuro Assessment (12-1)	725-727	1
Neuro Assessment (12-1)	728-730	1
Neuro Assessment (12-1)	731-733	1
Neuro Assessment (12-1)	734-736	1
Neuro Assessment (12-1)	737-739	1
Neuro Assessment (12-1)	740-742	1
Neuro Assessment (12-1)	743-745	1
Neuro Assessment (12-1)	746-748	1
Neuro Assessment (12-1)	749-751	1
Neuro Assessment (12-1)	752-754	1
Neuro Assessment (12-1)	755-757	1
Neuro Assessment (12-1)	758-760	1
Neuro Assessment (12-1)	761-763	1
Neuro Assessment (12-1)	764-766	1
Neuro Assessment (12-1)	767-769	1
Neuro Assessment (12-1)	770-772	1
Neuro Assessment (12-1)	773-775	1
Neuro Assessment (12-1)	776-778	1
Neuro Assessment (12-1)	779-781	1
Neuro Assessment (12-1)	782-784	1
Neuro Assessment (12-1)	785-787	1
Neuro Assessment (12-1)	788-790	1
Neuro Assessment (12-1)	791-793	1
Neuro Assessment (12-1)	794-796	1
Neuro Assessment (12-1)	797-799	1
Neuro Assessment (12-1)	800-802	1
Neuro Assessment (12-1)	803-805	1
Neuro Assessment (12-1)	806-808	1
Neuro Assessment (12-1)	809-811	1
Neuro Assessment (12-1)	812-814	1
Neuro Assessment (12-1)	815-817	1
Neuro Assessment (12-1)	818-820	1
Neuro Assessment (12-1)	821-823	1
Neuro Assessment (12-1)	824-826	1
Neuro Assessment (12-1)	827-829	1
Neuro Assessment (12-1)	830-83	

Emergency Triage, Treat and Transport (ET3) Model
 announced by
 HHS 2-14-19



“ET3 is an exciting opportunity for our country’s great first responders to expand the care they provide. We’re grateful for the work they do today and we appreciate how excited they are about this model. Together, this effort is going to save lives and improve the quality of care.”

Health and Human Services Secretary Alex Azar presenting the ET3 model (NAEMT photo)

ET3 – What does it mean to us?

Medicare reimbursement will be available for certain non-transport ambulance services and for ambulance transports to alternate destinations

“ET3 will make it possible for participating ambulance providers to partner with qualified healthcare practitioners to deliver treatment in place (on-scene or via telehealth) and with alternative destination sites (PCP offices or urgent care clinics) to provide care (and bill) Medicare beneficiaries following a medical emergency for which they have accessed 9-1-1 services.”

- Part of larger digital transformation in health care
- EHR, mobile devices and faster internet connections provide new ways for pts and providers to interact
- All need a strategy for digital transformation
- Report from AHA Center for Health Innovation examines how telehealth is part of the digital health revolution



Telehealth
 A Path to Virtual Integrated Care

INNOVATION MARKET INSIGHTS

ET3 – Here’s what we know now

- 5 year pilot: 2 prong model: EMS agencies w/ emergency response & Call centers with nurse triage
- Agencies currently enrolled as Medicare providers can **apply to participate beginning summer 2019**
- Can include multiple EMS agencies in one area on one application – System will apply for all who wish to participate
- Unlimited enrollment EMS Agencies;
- Will limit Call Centers to 40 participants (NWC EMSS not interested in this part of pilot)

ET3 – Here’s what we know now

- This pilot does NOT include Mobile Integrated Healthcare or CP responses in any way
- **CMS anticipates start date of early 2020**
- Reimbursement under standard ambulance fee schedule; qualified practitioner can bill separately
- Approved agencies must track quality metrics
- *More to come...*

START

cmattera@nch.org
mjordan@nch.org
www.nwcemss.org

Questions?
 Comments?
 Concerns?
 Suggestions?
 Send us a note
 (e-mail)

